articular surfaces. These radiological appearances can be demonstrated within days of the onset of the symptoms; the earliest in my experience is four days, but it could be earlier. As delay in treatment of even a day or two may lead to the above distressing complications I feel that this common misconception that radiology is of no value in the early stages should not be perpetuated. As this condition is apt to be overlooked in the early and vital stages I would like to draw the attention of your readers to two articles on this subject by Eyre-Brook¹ and Obletz.²—I am, etc.,

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Drugs for Parkinsonism

SIR,—May I trespass on your courtesy to comment on "Drugs for Parkinsonism" in your columns of February 9 (p. 385)?

Having used orphenadrine for a long time I would like to offer the following comment. Although it is true to say that few anti-Parkinson drugs have any influence on akinesia, I would draw your attention to several reports by Fouks^{1,2} and van Herck³ stressing the use of orphenadrine hydrochloride in akinesia not only in patients with Parkinsonism but also in elderly people suffering from senile depressions. Although orphenadrine hydrochloride possesses, as you quite rightly say, both antihistamine and anti-acetylcholine properties, pharmacological work⁴ comparing this drug with diphenhydramine has clearly shown that the antihistamine properties are less than those of diphenhydramine, whilst its anticholinergic action is very much greater.

Concerning the use of anti-Parkinson drugs in combination, I feel that some reference should be made to the work of the late R. O. Gillhespy,⁵ in whose opinion the best combination was orphenadrine hydrochloride and ethopropazine hydrochloride, and that of Doshay and Constable,⁶ which described the improvement in the condition of Parkinsonism when three tablets of orphenadrine hydrochloride were added to the daily drug regimen.—I am, etc.,

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Why did you Emigrate?

SIR,—My attention has been drawn by many in this country to a special article published in the *British Medical Journal* (November 10, 1962, p. 1247) under the heading "Why did you Emigrate?"

I am specially concerned with various erroneous statements and with the general tone of reference relating to this College.

The Royal Australasian College of Surgeons played no part whatever in the establishment of the Register of Specialists in Queensland, and so far as I am aware there is no such Register in Tasmania. These, like many other statements in this irresponsible article, are errors of fact, but of more concern are the objectionable

statements concerning this College—for example, "They are trying to make a schism in the profession." Nothing could be further from the truth. In fact, the College has taken the initiative in making arrangements (along with the Royal Australasian College of Physicians and the Regional Council of the Royal College of Obstetricians and Gynaecologists) with the Australian Medical Association to ensure that there will be no schism in the medical profession in Australia.

Surely the *British Medical Journal* has some responsibility before publishing such damaging statements about a Royal College which the article referred to contained.—I am, etc.,

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. We are sorry if there were errors of fact in the article referred to, even though we were not responsible for making them. The opinions expressed were the personal views of the doctor who took part in the discussion. We are glad to hear that the Royal Australasian College of Surgeons is taking such an energetic part in preventing any schism in the medical profession in Australia.—Ed., *B.M.J.*

Short-term Thyroid Therapy for Goitrous Cretinism

SIR,—We have previously reported upon three siblings with sporadic goitrous cretinism in whom the short-termed administration of unphysiologically large doses of active thyroid substances (stosstherapy) had produced protracted clinical remissions with regression of the goitres. During these therapy-free remissions thyroid function was found to be either in the normal or the elevated range.¹⁻⁶ From these observations it was concluded that the short-term administration of large doses of the end-product of hormone synthesis induced a genuine, though only temporary, recovery of the genetically disturbed thyroid secretion, presumably by initiating and maintaining a normal interaction between previously inactive intrathyroidal enzyme(s) and hormone-producing cell particles.

Further observations have disclosed the surprising fact that the clinical and functional remission obtained by nine days' therapy in one of these individuals is still evident after three years and five months.

The patient was 24 years of age when he came under our observation in May, 1959. At that time he was grossly myxoedematous with a basal metabolic rate of -34% and a serum-protein-bound ¹²⁷I of less than 0.75 µg./100 ml., and he had a large diffuse goitre containing three nodules. As in his equally affected sibs, thyroidal ¹³¹I uptake was high at two hours, dropping thereafter to abnormally low values (see Table). A previous examination performed elsewhere had shown a practically complete discharge of the trapped iodide by potassium thiocyanate.⁷ It was therefore concluded that the basic defect in thyroid hormone synthesis was an inability of the gland to convert the trapped iodide to organic iodine.^{8,9}

The administration of 90 mg. triiodothyroacetic acid (triac) within nine days rapidly produced a perfect clinical remission with practically complete regression of both the diffuse and nodular goitre. No further treatment was given, yet the patient is still in full clinical remission at the date of the present writing—this is three years and five months after therapy. Thyroid function studies performed at different intervals during this time showed a hyperactive pattern except for a transient drop to the low-normal range during the first three months after stosstherapy (see Table).

Thyroid Function Studies in Patient Before Therapy and During Remission, and in his Mother and One of his Sibs, Both Euthyroid

	B.M.R. (%)	P.B. ¹²⁷ I (μ g./ 100 ml.) (normal: 3.5-6.5)	¹³¹ I Uptake (% of Dose)						Total Plasma ¹³¹ I (% of Dose/l.)					Plasma P.B. ¹³¹ I (% of Dose/l.)				
			2 ^h	24 ^h	48 ^h	72 ^h	96 ^h	148 ^h	24 ^h	48 ^h	72 ^h	96 ^h	148 ^h	24 ^h	48 ^h	72 ^h	96 ^h	148 ^h
<i>Patient</i>																		
Before therapy ..	-34	<0.75	60.0	30.0	15.0				1.6									
4 days after "stoss- therapy" ..	-12		28.8	63.8	66.0				0.96					0.37				
6 months after "stosstherapy" ..	-10	3.2	32.0	90.0	52.0	50.0	48.5	41.0	0.36	0.56				0.19	0.43			
9 months after "stosstherapy" ..	± 0		61.6	55.5	46.6		37.5	33.6	1.7	1.2		1.8	1.8	1.05	0.83		1.44	1.60
3 $\frac{1}{2}$ years after "stosstherapy" ..	+3	5.1	33.0	51.0	46.0	48.0			0.15	0.22	0.22			0.09	0.17	0.19		
<i>Mother</i>																		
	-2	4.0	27.0	57.0	51.0	52.7			0.16	0.13	0.12			0.063	0.062	0.1		
<i>Sib</i>																		
	+14	3.8	21.0	51.0	42.0	42.5	44.5		0.3	0.12	0.16	0.24		0.1	0.1	0.13	0.22	

In contrast to the protracted but time-limited remissions induced by 9 days' thyroid therapy in two siblings with sporadic goitrous cretinism, this therapeutic procedure resulted in the third, similarly affected sib in a remission persisting so far for three years and five months, without signs of abatement. Although it is yet too early to draw definite conclusions, it is possible to hope that this patient might be permanently relieved of the symptomatology produced by his inborn error of metabolism.

Despite this surprising and to our knowledge hitherto unreported functional reversal of a genetic metabolic defect, we are probably not justified in speaking of a veritable "cure." Thyroid function almost constantly showed some abnormal trends, namely a ¹³¹I uptake maintained above the normal range during observation periods up to seven days, a rise of total plasma ¹³¹I after 24 hours (instead of a drop), and a high conversion ratio at 24 hours. These abnormalities reflected the pattern of thyroid function repeatedly found in the patient's mother and one of his nine sibs who, though clinically euthyroid, both had a small nodular goitre, the mother having also cretinoid features. In other words it appears as if the clinically manifest inborn error of metabolism in the propositus was reverted by thyroid "stosstherapy" to another, less severe expression of the inherited abnormal trait transmitted by the mother.

Our thanks are due to Professor A. Hochman and Dr. J. A. Stein, Radioisotope Laboratory, Hadassa University Hospital, Jerusalem, for the tracer studies. We are also indebted to Miss Sara Kornitzer for technical assistance.

—We are, etc.,

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Influenza

SIR,—I read with interest your annotation entitled "Influenza Next Winter?" (September 22, p. 784), and I beg you to allow me to make a few suggestions concerning this subject.

The remark that the European Continent remained relatively free from influenza last winter is not quite correct. There was, for example, an epidemic in Czechoslovakia in February, 1962, which was caused by a variant A2 of influenza virus.¹ If we compare our local data (the south Moravian region—about 1.9 million inhabitants), we may see that this last epidemic was even greater than the two former ones caused by the same variant in 1957-8 and 1959 (see Table I).

TABLE I

Influenza A2 Epidemic	Time of Duration	Reported Cases of Influenza in % According to Age Groups			
		0-6	7-14	15 and Over	Total
1957-8	30 weeks	12.9	33.2	13.9	16.6
1959	9 "	10.0	7.3	10.9	9.2
1962	8 "	15.9	10.1	22.4	19.2

Our experience concerning the antigen stability of the Asian or A2 influenza virus is also different from yours. During the 1962 epidemics a number of children born after the 1959 epidemic were examined for the presence of haemagglutination-inhibiting antibodies. A comparison of the results obtained with a 1957 antigen (A2/Singapore/1957) and a homologous antigen (A2/Praha/1962) showed that the difference in the immune response of infants born from 1959 to 1962 concerning the mentioned antigens was of such a degree that it can be considered evidence of a further antigenic drift of A2 influenza virus (see Table II). This fact could explain to a certain degree the large extent of the 1962 influenza epidemic.

TABLE II

	No. of Examined Sera	Median of HI Titre (Reciprocals)	
		A2/Singapore/ 1957	A2/Praha/ 1962
Adults born 1920-34 ..	109	63.5	95.5
Infants born 1959-62 ..	68	36.5	236.0

As to the prognosis of the influenza epidemic we are somewhat more optimistic on this point. A detailed epidemiological analysis, the study of antigenic characteristics of recently isolated strains of influenza viruses,